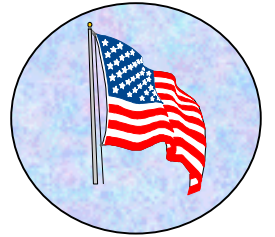


Volume 7 Issue 1



# MEARNG RETREE NEWSLETTER



JAN – APR 2002

DEPARTMENT OF DEFENSE, VETERANS AND EMERGENCY MANAGEMENT  
PUBLISHED BY THE MEARNG RETREE COUNCIL

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**COMMENTARY** This is the nineteenth Retree Newsletter, normally published in Apr, Aug and Dec. Our purpose is to keep you informed and provide you a continuing sense of belonging to the Guard after retirement. We hope the newsletter helps accomplish that purpose. Information is furnished through various sources, and is only made available in this newsletter for your information. Information and comments contained in this newsletter is intended solely for the personal interest of the recipient and should not be considered as an endorsement. If you have an item you would like considered for publication, please send it to the MEARNG Retree Council, Camp Keyes, Augusta, ME 04333 or e-mail it to [dean.soule@me.ngb.army.mil](mailto:dean.soule@me.ngb.army.mil)

*This newsletter and all previous issues of the newsletters can be found on the following web sites:*

<http://www.state.me.us/va/defense/retirees.htm> and

<http://www.me.ngb.army.mil/retire/>

We are continuing to update our mailing list to include all MEARNG retirees. **If you know any retiree(s) who are not receiving the newsletter, please send their name and address to a member of the Retree Council or e-mail us.**



Please advise us of mailing address changes and those due to 911. If you do not wish to continue receiving the newsletter, contact a council member.

**Continuation of Newsletter** The Retree Council has decided to continue the Retree Newsletter to spouses of deceased retirees when the spouse requests it. Many items in the newsletter may prove valuable to the surviving spouse.

**New Members:** Membership is open to retirees of all ranks and gender from all parts of Maine. If you or a retiree you know are interested, please contact a Council member. Retired NCOs should consider getting involved to have their concerns surfaced and to demonstrate they are still an active member in military affairs.

## **\*\*RETIREMENT BENEFITS AND \*\*SERVICES\*\***

### **TRICARE Prime – Sierra Military (SMHS) and Martin's Point (USFHP)**

*I have been asked to provide the differences in TRICARE PRIME – Sierra Military (SMHS) and Martin's Point (USFHP). The following gives a brief synopsis of what is available. For more information and questions contact each HMO.*

BNAS Branch Clinic through Sierra Military. For specific information, see <http://www.sierramilitary.com/>, or call 1-888-999-5195.

Portsmouth Naval Shipyard Ambulatory Care CLinic through Sierra Military. For specific information, see <http://www.sierramilitary.com/>, or call 1-888-999-5195.

Martin's Point Health Care through the Uniformed Services Family Health Plan (USFHP). USFHP at Martin's Point currently has physicians in the following areas: Auburn, Augusta, Bangor, Belfast, Blue Hill, Brewer, Brunswick, Bucksport, Castine, Eliot, Fairfield, Farmington, Fort Fairfield, Freeport, Gardiner, Greenville, Hallowell, Kennebunk, Lewiston, Limestone, Lisbon, Madawaska, Orono, Poland, Portland, Portsmouth, Presque Isle, Rockport, Stonington, Waldoboro, Waterville, WInthrop, Windham, and

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numerous other cities in New Hampshire. For specific information, see [www.martinspoint.org](http://www.martinspoint.org) or call 1-888-241-4556.

The major difference between the TRICARE Prime sites of (1) Sierra Military and (2) the USFHP at Martin's Point is that they are each a separate HMO with their own rules and set of physicians.

One advantage to the USFHP at Martin's Point is that they are a Maine managed organization while Sierra Military is based out of Maryland.

Sierra Military, (SMHS) is the TRICARE contractor for this region, and has more providers than Martin's Point. They have NETWORK providers (contracted to accept discounts, and patient cost shares are 5% less, if these providers are used), and those providers are available on their website at [www.sierramilitary.com](http://www.sierramilitary.com).

They have AUTHORIZED providers, who can either participate or not participate with TRICARE. These providers are listed in their PGBA data base, and if a patient wants to know if their provider is authorized, they can call 888 999 5195 between 8-6 M-F, or walk in, to anyone of their office and ask. They can also go one step further, and call the provider for the patient, to see if they participate. If they do not participate, the patient is protected by the 115% balance billing law under TRICARE.

Martin's Point providers are, however, TRICARE authorized, participating providers, and can be used by standard patients.

That is one of the big differences, between Sierra Military (SMHS) and Martin's Point (or the other 3 USFHPs in Region 1). The USFHPs, have to be viewed as their own separate contract, with their separate language.

If you are enrolled in Prime, to a Martin's Point Primary Care Manager, then you have to get all of your care from them, or their network providers. If you do not, since they are able to contract providers to be network, they have the ability to contract them differently than Sierra Military does, and they do not have to abide by the maximum allowed amount by TRICARE.

Also, if you were to see a provider **without a referral**, and were enrolled under Martin's Point's Prime option, you would not be protected by the 115% balance billing law, you would have to pay the bill in full, since they process all of their Prime claims internally.

Before you decide what is best for you, you should speak to people who are enrolled in each to determine what they like or dislike about each program. Give them a call to test their service.

### **160,000 TFL Claims Temporarily Rejected:**

*(The primary reason why some TFL claims are denied is because beneficiaries are retaining their Medigap insurance policies or failing to notify TRICARE that they have cancelled such coverage.)*

Some 160,000 claims for Tricare for Life were rejected initially because the patients' military identification cards had expired. However, Dr. William Winkenwerder, Assistant Secretary of Defense for Health Affairs, has announced that these claims will be paid after all, with a grace period lasting until July. This will give the affected beneficiaries time to renew their ID cards. Beneficiaries can track their Tricare-for-Life claims at <http://www.mytricare.com>.

### **TMA PRESS RELEASE**

#### ***TRICARE For Life: Outreach to Identify Eligibles and Pay Claims***

Feb. 6, 2002 -- TRICARE For Life, a new health benefit extended by the Department of Defense (DoD) to approximately 1.5 million beneficiaries aged 65 and over, provides pharmacy benefits and TRICARE coverage secondary to Medicare. More than 3.1 million health care claims have been paid since the program started in October 2001. Payment for some health care claims, however, was initially denied by TRICARE for individuals recorded as being ineligible for TRICARE in the Defense Enrollment Eligibility Records System (DEERS). In many cases, these denials were based on persons who have "expired eligibility" in DEERS, meaning that their eligibility has not been re-verified in the last four years as required by DoD policy.

DoD announced today that TRICARE claims will be paid for a limited time for TRICARE For Life (TFL) beneficiaries with "expired eligibility" in DEERS. Claims filed beginning October 1, 2001 but denied due to "expired eligibility" will be automatically reprocessed. Neither beneficiaries nor providers will be required to resubmit the denied claims.

Beneficiaries are required, however, to ensure their eligibility is updated in DEERS by August 1, 2002.

"We want to ensure that our beneficiaries, some of whom are re-entering the Military Health System, and using TRICARE for the first time, have the best possible experience and receive their rightful benefits. We will do everything we can to overcome initial difficulties that may arise," explained Dr. William Winkenwerder, Assistant Secretary of Defense for Health Affairs. "We understand that some of our elderly beneficiaries who have not used military benefits in many years may not have kept their military eligibility files updated or they may be unable to make contact with the military."

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“We are working with DoD leaders who manage the DEERS system and with The Military Coalition and the National Military and Veterans Alliance to redouble our outreach to these beneficiaries,” said Winkenwerder.

After August 1, 2002, claims received for beneficiaries with expired eligibility will be denied until the eligibility information is updated.

Mr. Charles Abell, Assistant Secretary of Defense for Force Management Policy is working with the Personnel community on the Department’s outreach effort. “We will help our beneficiaries understand how to update their eligibility information,” said Abell. “And we are exploring how we can make this process easier for those unable to travel.”

To learn how to update or re-verify eligibility for those persons 65 and older, beneficiaries who have received an Explanation of Benefits (EOB) stating that they need to get a new military ID card should call 1-800-361-2620.

For more information on TRICARE for Life, interested persons can visit the TRICARE Web site at [www.tricare.osd.mil](http://www.tricare.osd.mil), or call the TRICARE Information Center, toll-free, at 1-877-363-5433 (1-877-DOD-LIFE).

Don’t Delay – Update Deers Today:

Did you know that you or a family member could lose medical benefits if you do not update your information on the Defense Eligibility Enrollment Reporting System (DEERS)? DEERS stores medical benefit data for military personnel, retirees, and eligible family members. Service members and retirees are the sponsors for their family members' medical benefits and are responsible for the accuracy of the DEERS information. Correct, up-to-date DEERS information is essential, since this data defines your medical benefits.

When an eligible family member receives a uniformed services identification and privilege card, or ID card, that information is deposited in DEERS.

However, the sponsor must ensure the information is correct. If you marry or re-marry, move, have a new baby, have an old baby that becomes an adult you must make sure that DEERS data reflects those changes, as well as any others. If you marry but neglect to register your spouse in DEERS, that person is not eligible for medical benefits until the sponsor updates the information. If you move but don't submit the current address of each family member to DEERS, your family may not receive essential messages regarding medical benefits, such as information about the mail-order pharmacy.

If you forget to register a newborn in DEERS, after 365 days the child is not eligible for medical benefits until you complete the registration in DEERS. In addition, newborns can lose eligibility for TRICARE Prime medical coverage after 120 days. In this case, you must enroll the child in TRICARE Prime, as well as register the child in DEERS.

How to Update DEERS:

Making changes to DEERS is easy to do. You can make changes through your military support office, the same office that assists you with your ID card.

And, if you are making changes, it's a good idea to take documentation with you, such as a marriage certificate or birth certificate.

You can locate your nearest military support office at RAPIDS Site Locator

<<http://www.dmdc.osd.mil/rsl/>> > on the Web.

To make address changes or to verify data, log on to the Defense Manpower Data Center

<<https://www.dmdc.osd.mil/swg/owa/webguard.login?appl=9012&rule=02>>

<<https://www.dmdc.osd.mil/swg/owa/webguard.login?appl=9012&rule=02>> >.

Changes could not be easier to make, so do not delay. Update DEERS today.

ID CARD LOCATIONS WITHIN THE STATE OF MAINE

USAR Center Auburn POC - Ms. Greenlaw (207)782-7088/7737 M-F Appointment Only	101 MMS/DPM ANG - Bangor POC - TSGT Furrow (207)990-7387 M-F 0700-1100 1200-1500
PSD-NAVY Brunswick POC – PN2 Murphy (207)921-1646 M,T,W,F 0900-1500 TH 0900-1700	PSD-NAVY Winter Harbor POC – PN2 Dougherty (207)963-5559 M-F 0730-1500
Navy Reserve Ctr. Portland POC – PM1 Adams (207)775-6555/6556 TH 1300-1500	133 <sup>rd</sup> Eng Bn. Portland POC – SFC Estabrook (207)878-9659 M-F Appointment Only
Camp Keyes Augusta POC – SGT Patten (207)626-4455 M-F 0800-1500	Armory Caribou POC – SSG Kervin (207)498-6518/6517 1 <sup>st</sup> & 3 <sup>rd</sup> TH 0700-1530
AFRC Bangor POC – CW2 Doody (207)945-6484 M-F 0700-1600	

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### TRICARE:

TRICARE is a regionally managed health care program for active duty and retired members of the uniformed services, their families, and survivors. TRICARE brings together the health care resources of the Army, Navy and Air Force and supplements them with networks of civilian health care professionals to provide better access and high quality service while maintaining the capability to support military operations. TRICARE is designed to expand access to care, maintain quality of care, control medical costs for patients and taxpayers alike, and improve medical readiness. TRICARE replaced CHAMPUS, and supplements the military's health care facilities. TRICARE is modeled after civilian health-maintenance organizations, or HMO's, and is managed by the military, though services are provided by both military doctors and participating contract doctors and facilities.

MAINE is in TRICARE Region 1. The TRICARE contractor is Sierra Military with web site at <http://www.sierramilitary.com>.

The TRICARE service center managers for Maine are Lori Theriault in Limestone, ME at email [ltheriault@sierramilitary.com](mailto:ltheriault@sierramilitary.com) and Debra O'Brien in Topsham, ME at email [do'brien@sierramilitary.com](mailto:do'brien@sierramilitary.com)

TRICARE offers eligible beneficiaries three choices for their health care:

TRICARE Standard — a fee-for-service option formerly called CHAMPUS. No enrollment is necessary. You may go to any physician you choose, but TRICARE will only pay 80% of a usual and customary fee for each procedure. A non-participating physician may charge up to 115% of this usual and customary fee. This means that you may be responsible for up to 35% of this usual and customary fee for services. You only need to show your ID card to receive care. Some physicians may even process the claim paperwork for you.

TRICARE Standard is the new name for traditional CHAMPUS. Under this plan, you can see the authorized provider of your choice. (People who are happy with coverage from a current civilian provider often opt for this plan.) But having this flexibility means that care generally costs more.

Treatment may also be available at a military treatment facility, if space allows and after TRICARE Prime patients have been served. Furthermore, TRICARE Standard may be the only coverage available in some areas.

### Who is Eligible for TRICARE Standard?

Anyone who is CHAMPUS eligible may use TRICARE Standard. (Active duty personnel are not CHAMPUS eligible and are automatically enrolled in TRICARE Prime).

### Advantages

- Broadest choice of providers;
- Widely available;
- No enrollment fee; and
- You may also use TRICARE Extra.

### Disadvantages

- No Primary Care Manager;
- Patient pays:
  - Deductible,
  - Copayment,
  - Balance if bill exceeds allowable charge and provider is non-participating (up to 15% additional).
- Nonavailability statement may be required for civilian inpatient care for areas surrounding MTFs; and
- Beneficiaries may have to do their own paperwork and file their own claims.

TRICARE Extra — a preferred provider option that saves money. No enrollment is necessary. If you elect to go to a physician that has agreed to accept the TRICARE usual and customary fee, TRICARE will pay 85% of this usual and customary fee. This means that you will be subject to pay the remaining 15% of this usual and customary fee. Physicians will also process the claim paperwork for you.

Under this option, you will choose a doctor, hospital, or other medical provider listed in the TRICARE Provider Directory. If you need assistance, call the Health Care Finder (HCF) at your nearest TRICARE Service Center.

### Who is Eligible for TRICARE Extra?

- Anyone who is CHAMPUS eligible may use TRICARE Extra. (Active duty personnel are not CHAMPUS eligible and are enrolled in TRICARE Prime).

### Advantages

- Copayment 5% less than TRICARE Standard;
- No balance billing;
- No enrollment fee;
- No deductible when using retail pharmacy network;
- No forms to file; and
- You may use also TRICARE Standard.

### Disadvantages

- No Primary Care Manager;
- Provider choice is limited;
- Patient pays:
  - Deductible, Copayment.
- Nonavailability statement may be required for civilian inpatient care for areas surrounding MTFs;
- Not universally available.



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**TRICARE Prime** — where Military Treatment Facilities (MTFs) or HMOs are the principal source of health care. Enrollment is required. This plan is similar to most Health Maintenance Organizations (HMO). You only pay a basic co-payment for most services, but you agree to receive your care from network physicians.

In Maine, there are TRICARE Prime sites at:

- BNAS Branch Clinic through [Sierra Military](#).
- Portsmouth Naval Shipyard Ambulatory Care Clinic through [Sierra Military](#).
- Martin's Point Health Care through the Uniformed Services Family Health Plan (USFHP) (Link to Martin's Point Health Care HMO) with current sites in Augusta, Bangor, Portland, Topsham, and Waterville with more to follow.

In this option, most health care will come from a military treatment facility (MTF), augmented by the TRICARE contractor's Preferred Provider Network (PPN). All active duty service members will be enrolled in TRICARE Prime and will continue to receive most of their care from military medical personnel. For active duty families, there is no enrollment fee for TRICARE Prime, but they must complete an enrollment form.

Your Primary Care Manager (or team of providers) will see you first for your health care needs.

The Primary Care Manager:

- Provides and/or coordinates your care; Maintains your health records; Refers you to specialists, if necessary. (To be covered, specialty care must be arranged and approved by your Primary Care Manager.)

Care is usually provided in a military treatment facility, but civilian clinics may be used in some cases.

### **Point of Service (POS) Option**

Option under TRICARE Prime that allows enrollees the freedom to seek and receive non-emergent health care services from any TRICARE authorized civilian provider, in or out of the network, without requesting a referral from their Primary Care Manager (PCM) or the Health Care Finder (HCF). When Prime enrollees choose to use the POS option, all requirements applicable to TRICARE Standard apply except the requirement for a Nonavailability Statement (NAS). Point-of-Service claims are subject to outpatient deductibles (\$300 individual and \$600 family), 50% cost-shares for outpatient and inpatient claims, and excess charges up to 15% over the allowed amount. The 50% cost-share continues to be applied even after the Enrollment Year catastrophic cap has been met.

### **Who is Eligible for TRICARE Prime?**

All active duty personnel are enrolled in TRICARE Prime. There is no enrollment fee, but you do have to register yourself.

The following people may also enroll:

- Family members and survivors of active duty personnel and Retirees and their family members and survivors under age 65.

### **Advantages**

- No enrollment fee for active duty and families;
- Small fee per visit to civilian providers, and no fee for active duty members;
- No balance billing;
- Guaranteed appointments (access standards);
- Primary care manager supervises and coordinates care;
- Away-from-home emergency coverage;
- Point-of-Service option (see Glossary);
- Reduced catastrophic cap for retirees (\$7,500 now decreased to \$3,000).

### **Disadvantages**

- Enrollment fee for retirees and their families;
- Provider choice limited;
- Specialty care by referral only;
- Not universally available.

**TRICARE PRIME REMOTE** - Active duty soldiers who live and work more than 50 miles of a TRICARE Prime site may also enroll in TRICARE PRIME REMOTE. They enroll to a civilian network physician. The active duty soldier pays no fees and the active duty family member pays a small co-payment.

The main challenge for most eligible beneficiaries is deciding which TRICARE option, **Prime**, **Extra** or **Standard**, is best for them.

Active Duty personnel **will** enroll in TRICARE Prime and pay no fees.

Active duty family members must enroll if they choose **TRICARE Prime** or **TRICARE PRIME REMOTE**. If they do not choose to enroll, and receive care from a physician/dentist that:

**DOES NOT** participate in TRICARE, they will be using **TRICARE STANDARD**

**DOES** participate in TRICARE, they will be using **TRICARE EXTRA**

The dependent obtaining medical care must have their dependents ID card to obtain services. Children under 10 do not receive an ID Card. Necessary data required for medical/dental care will be obtained from the sponsor's ID Card. **TRICARE** Health Benefits advisors at BNAS are available at (207) 291-2252 to answer entitlement questions.

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### **Bureau of Maine Veteran's Services**

#### **BENEFITS AVAILABLE TO QUALIFYING VETERANS AND THEIR DEPENDENTS FROM THE STATE OF MAINE**

##### ➤ **MAINE VETERANS MEMORIAL CEMETERY**

Established in 1970

In order to obtain further information or to establish your eligibility call (207) 287-3481. You can also e-mail your request or questions

to [mvs@me-arng.ngb.army.mil](mailto:mvs@me-arng.ngb.army.mil) be sure to include your mailing address in your e-mail.



##### ➤ **VETERANS DEPENDENTS EDUCATIONAL BENEFITS PROGRAM**

Free (waiver) tuition will be granted to eligible dependents who attend a State of Maine Supported Institution of higher learning. Eligible dependents are granted benefits for a maximum of 8 semesters which must be completed within 6 consecutive academic years from the date of first entrance.

- ◆ *Under Maine Law (Title 37B, Sec. 505(2), children, step-children and spouses including widows and widowers of veterans who died as a result of service in the Armed Forces of the United States, either during or after service, or who became permanently and totally disabled as a result of service or who may have died of a service-connected disability may be eligible for assistance.*
- ◆ *The college systems that are covered under this program are all of the branches of the University of Maine System, the Maine Vocational Technical Colleges, and Maine Maritime Academy at Castine. Tuition can only be waived at one college system per semester.*

*\* NOTE: The Director may waive the limitation of 6 consecutive academic years when the recipient's education has been interrupted by severe medical disability or illness making continued attendance impossible.*

##### **ELIGIBILITY REQUIREMENTS:**

- *"Veteran" means any person who served in the military or naval forces of the United States and entered the service from this State or resided in this State for 5 years immediately preceding application for aid and who:*

*(a) Is living and is determined to have a total*

*permanent disability resulting from a service-connected disability as a result of service;*

*(b) Was killed in action;*

*(c) Died from a service-connected disability as a result of service;*

*(d) At the time of death was totally and permanently disabled due to service-connected disability, but whose death was not related to the service-connected disability; or*

*(e) Is a member of the Armed Forces on active duty who has been listed for more than 90 days as missing in action, captured or forcibly detained or interned in the line of duty by a foreign government or power.*

##### **RESIDENCY REQUIREMENTS:**

*1. Veteran must have been a resident of Maine at the time of entry into the service, or if not...*

*2. \* Must have been a resident of Maine for five years preceding application for benefits.*

*\* NOTE: If a veteran was a resident of Maine prior to his/her death for less than five years, and application is received subsequently after the five year period from the date he/she last established residency, the applicant will be considered eligible and the deceased veteran will have been considered to have met eligibility requirements for purposes of this benefit.*

##### **DEFINITION OF ELIGIBLE DEPENDENTS:**

*1. "Child" means a child whose mother or father is or was a veteran and the child:*

*(a) Is at least 16 years of age;*

*(b) Has graduated from high school; and*

*(c) Is not over 25 years of age and was enrolled in a degree program prior to turning age 22.*

*NOTE: The exception to this age limit is if the child is between the ages of 22-25 and had been unable to enroll in this program before the age of 22 due to service in the United States Armed Forces, then the child of the veteran can still apply for this benefit until he/she reaches age 26.*

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*"Child" also means a stepchild who is a member of a veteran's household either at the time of application or, in the event of the veteran's death, at the time of death, and who continues as a member of the household after the death of the veteran.*

*"Child" also means a legally adopted child whose natural parent is or was a veteran.*

*2. "Spouse" means the person currently legally married to a living veteran or the widow or widower of a deceased veteran, not previously divorced from that veteran.*

### ➤ **VETERANS SMALL BUSINESS LOAN PROGRAM**

The Finance Authority of Maine has a program whereby eligible resident veterans may obtain business loans from local lending institutions, which will be guaranteed up to a certain percentage (based on amount of loan) by the State of Maine. The Authority does not make direct loans. Each qualified veteran must first obtain a Certificate of Eligibility through Maine Veterans' Services.

In order to obtain further information or to obtain a Certificate of Eligibility for the VSBL program call (207) 626-4464. You can also e-mail your request or questions to [mvs@me-arng.ngb.army.mil](mailto:mvs@me-arng.ngb.army.mil) be sure to include your mailing address in your e-mail.

### ➤ **DD214's (MILITARY SEPARATION DOCUMENT)**

Maine Veterans' Services is the holder of DD214's of veterans from the State of Maine. If you need a copy, call 207-626-4464.

### ➤ **VIETNAM & ATOMIC VETERANS**

Maine Veterans' Services has counselors who offer expertise in the field of Agent Orange and Radiation. The counselors are available to assist veterans in applying for any benefits they may be entitled to. The Veterans Counselors keep an ongoing registry of veterans who have been exposed to Agent Orange and Radiation. Also these offices are developing a registry of veterans who served in the Persian Gulf. The registries include reports of common diseases and illnesses, etc. See our [Office Listings](#) for the nearest veterans' counselor to you.

### ➤ **MAINE VETERANS NURSING HOMES**

The Maine State Legislature and Maine citizens, through a bond issue in 1977, created the Maine Veterans' Home. In 1983 the first home opened in Augusta providing 120 nursing home beds. A 40 bed nursing home facility attached to the Carey Medical Center in Caribou opened in 1990, and mid-summer that same year a 120 bed nursing home opened on U.S. Route #1 in Scarborough. In July, 1995 a 90 bed nursing

facility opened in South Paris, and in October of 1995 a 120 bed nursing home opened in Bangor on the Hogan Road.

The primary purpose of the homes is to provide support and care for honorably discharged veterans who served in the United States Armed Forces during wartime.

The [Maine Veterans Nursing Home's](#) telephone numbers are as follows:

- Augusta (207) 622-2454
- Caribou (207) 498-6074
- Scarborough (207) 883-7184
- South Paris (207) 743-6300
- Bangor (207) 942-2333.

For further information contact the [Veterans Home](#) closest to you.

### ➤ **PROPERTY TAX EXEMPTION**

The State of Maine offers a program for eligible veterans and eligible dependents who meet certain eligibility criteria. In order to obtain further information for the Property Tax Exemption contact the [Bureau of Taxation](#) at (207) 287-2076.

### ➤ **RECREATIONAL LICENSES**

Complimentary licenses for individuals 70 years of age and over, and/or who are service-connected disabled war veterans evaluated as 70 percent or more, are eligible to receive a license that will allow them to hunt, fish, and trap. For further information contact [Inland Fisheries and Wildlife](#).

### ➤ **CLAIMS REPRESENTATION**

The seven regional offices represented 28,950 clients during the 1998/1999 Fiscal Year. These offices also received 902 requests to represent them to the USDVA. The Claims Office at Togus, acting as the veterans advocate, filed 1,586 claims on the behalf of veterans or their dependents. Also during 1998/1999, actions taken by Maine Veterans' Services have resulted in new awards of \$16,006,242 by USDVA.

### ➤ **BENEFITS AVAILABLE FROM THE DIVISION OF MOTOR VEHICLES**

If you have any questions related to the following, you will want to contact your nearest [Motor Vehicle Office](#).

### ➤ **DISABLED VETERAN**

- Veterans who are 100% Service Connected Disabled and receive 100% compensation for their disability.
- They are exempt from one registration fee, title fee, and driver license renewal fee. They are not exempt from excise tax.

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- These veterans **MUST** display Disabled Veteran plates on the vehicle on which they receive the registration fee exemption.
- A Disabled Veteran can display only one set of disabled veteran plates and receive one exemption.
- Original issue of Disabled Veteran plates must be done through the Main Office, unless the Veteran wishes to obtain a vanity Disabled Veteran plate. They are not exempt from the vanity plate fee and the plate can contain a maximum of five spaces.
- Amputee veterans who have the loss of or loss of the use of both legs, automatically qualify for the disabled veteran plate.
- A Disabled Veteran is issued a no fee permanent handicap parking placard with their Disabled Veteran plates (unless they are already in possession of one). There is no limit on the number of placecards issued at no fee.

### ➤ **AMPUTEE/BLIND VETERANS**

- Veterans who are blind, have loss of sight, or an amputee or have loss of use of a limb, are exempt from all Motor Vehicle related fees.
- Even though the Veteran is exempt from excise tax, they have to have the excise forms typed first at their town of legal residence before the registration can be processed.
- These Veterans can be exempt on only one vehicle.
- These Veterans are not entitled to a Disabled Veteran plate unless they can also produce the letter indicating that they are 100% service connected disabled receiving 100% benefits or unless they are a double amputee of the lower extremities or have loss of use of their lower extremities.
- To receive a placard or handicap plate, this Veteran must first complete a handicap application.

For information on special license plates for United States Medal of Honor Recipients, Former Prisoners of War, and Purple Heart Recipients contact your nearest [Motor Vehicle Office](#) for further information.

**VA Headstones & Markers:** The Department of Veterans Affairs (VA) furnishes upon request, at no charge to the applicant, a headstone or marker for the unmarked grave of any deceased veteran discharged from the US Armed Forces under conditions other than dishonorable. Service after September 7, 1980, must be for a minimum of 24 months or be completed under special circumstances, e.g., death on active duty. Persons with 20-years service in the National Guard or Reserves who are entitled to retired pay subsequent to October 27, 1992, are also eligible for a Government-furnished headstone or marker. A copy of the Reserve Retirement Eligibility Benefits Letter must accompany the

application. Active duty service while in the National Guard or Reserves also establishes eligibility. Service prior to World War I requires detailed documentation to prove eligibility such as, muster rolls, extracts from State files, military or State organization where served, pension or land warrants, etc. Headstones and markers are provided for eligible spouses and dependents of veterans only when buried in a national, military post/base, or State veterans cemetery.

The Veterans Education and Benefits Expansion Act of 2001 included a provision that upgraded the original benefit. The VA will now accept applications for markers under the provisions of Public Law 107-103 for those whose deaths occur on or after December 27, 2001 regardless of whether the grave is already marked with a non-government marker. VA Form 40-1330, Application for Standard Government Headstone or Marker for Installation in a Private or State Veterans' Cemetery must be submitted by the next of kin, funeral director or cemetery representative, along with a copy of the veteran's military discharge documents, to request a Government-provided headstone or marker. The form can be downloaded at [www.cem.va.gov/pdf/401330.pdf](http://www.cem.va.gov/pdf/401330.pdf). Do not send original documents, as they will not be returned. Until this form is revised, applicants should ignore references to "unmarked graves" and should note in Box 27, Remarks that this will be a second marker to mark a veteran's gravesite. This new provision will be codified at 38 U.S.C. § 2306(d). [Source: Veterans Resources Network msg. 2 FEB 02 & <http://www.cem.va.gov/whatsnew.htm> ]

### **SURVIVORS BENEFIT PROGRAM:**

*(Following is the processes to be used by the spouse of a deceased retiree)*

#### • **SBP Processing (member prior to age 60)**

Widow(er) should contact the nearest Army National Guard armory, or Camp Keyes if in the Augusta area. The following documents will be needed: **Death certificate (1 original), copy of Marriage certificate, copy of widow(er)'s Birth certificate.** The clerk at the armory will be responsible to obtain the other documents needed and for filling out the necessary forms.

#### • **SBP Processing (member receiving retired pay)**

Widow(er) should contact the nearest Army National Guard armory, or Camp Keyes if in the Augusta area. The following documents will be needed: **Death certificate (2 originals), two copies of Marriage certificate, two copies of widow(er)'s Birth certificate.** The clerk at the armory will be responsible to obtain the other documents needed and for filling out the necessary forms.



## RETIREE NEWSLETTER

### **FRA Wants Kinder Policy for Survivors**

Joe Barnes, legislative programs director for the Fleet Reserve Association, says that the military finance policy of stopping checks the month of a military retiree's death is too harsh.

Currently, not only does the Defense Department finance center stop outgoing check shipments upon learning of the death, but it also can recall automatic bank deposits for that month. Eventually the center will pay the surviving spouse for each day of the month that the retiree had lived, but it would be more compassionate to let the surviving spouse keep the check for that month, said Barnes. The House and Senate Armed Services committees are considering the proposal for the 2003 authorization bill, but a deterrent is the increase in cost for retired pay.



### **\*\*TAPS\*\***

**SFC Steven E. Brooks (Ret)**

**Russell J. Gilman (Ret)**

**1SG Tom Maroon (Ret)**

**MSG Robert A. Moody (Ret)**

*It is suggested that the Headquarters at Camp Keyes, Augusta, Maine be made aware of a deceased retiree. Upon receiving notification, word will be disseminated to Staff and Units of the Maine Army National Guard. This will enable any active guard member who may have served with the retiree to pay their condolences. Persons to call are the Chief of Staff at 626-4280, or to myself at 626-4380 or e-mail me at [dean.soule@me.ngb.army.mil](mailto:dean.soule@me.ngb.army.mil)*

### **\*\*TRANSITIONS\*\***

#### **RETIREMENTS**

Alward, Delbert E., SGT  
Barry, Bruce M., LTC  
Brann, Clarence E., SFC  
Butera, Joseph L. II, SGT  
Byram, Robert E., SGT  
Cloutier, Myles A., SGT  
Davis, Thomas A., SSG  
Fitzsimmons, Gary L., SSG  
Frisk, Thomas J., SFC  
Grinnell, Donald L., COL  
Holt, Frank W. Jr., SPC  
King, Mark C., SGT  
Legere, Randy S., SSG  
Redmond, William B SGT  
Richards, Cory J., SGT  
Rolfe, Randall G., SGM  
Roy, John R., SSG  
Sargent, Guy A. Jr., SGT  
Welton, Robert K., CW5  
Teeple, Robert D., SGT  
Thomas, Robert M., SSG  
Thurston, Brian A., SSG



*(\*\*Any names that are not on this list, was not done intentionally, please advise.)*

### **The Final Inspection**

The soldier stood and faced God  
Which must always come to pass  
He hoped his shoes were shining  
Just as brightly as his brass.

"Step forward now, you soldier,  
How shall I deal with you?  
Have you always turned the other cheek?  
To My Church have you been true?"

The soldier squared his shoulders and said,  
"No, Lord, I guess I ain't  
Because those of us who carry guns  
Can't always be a saint.

I've had to work most Sundays  
And at times my talk was tough,  
And sometimes I've been violent,  
Because the world is awfully rough.

But, I never took a penny  
That wasn't mine to keep...  
Though I worked a lot of overtime  
When the bills got just too steep,

And I never passed a cry for help,  
Though at times I shook with fear,  
And sometimes, God forgive me,  
I've wept unmanly tears.

I know I don't deserve a place  
Among the people here,

## RETIREE NEWSLETTER

They never wanted me around  
Except to calm their fears.

If you've a place for me here, Lord,  
It needn't be so grand,  
I never expected or had too much,  
But if you don't, I'll understand."

There was a silence all around the throne  
Where the saints had often trod  
As the soldier waited quietly,  
For the judgment of his God,

"Step forward now, you soldier,  
You've borne your burdens well,  
Walk peacefully on Heaven's streets,  
You've done your time in Hell."

To all that serve  
and to all that have served...

### **THIS IS A WAY TO HONOR FALLEN GUARDSMAN**

BG Don Marden (Ret) has asked the council to look into a way that current and retired guardsman could honor deceased guardsman by donating funds to a program that would benefit current day guardsman. So many times it is months after a death that we learn of it. The Council has approved backing the [Maine National Guard Foundation Fund] as one way we may honor deceased Guardsman.

The fund is a non-profit 503c program funded by donations and the Combined Federal Campaign. The funds are used to help ACTIVELY DRILLING guard members both Army and Air get through difficult times i.e. fires, deaths, mobilization hardships, sudden loss of income etc. The money can be given in the form of a grant (UP TO \$250) or no interest loans. Since it is an emergency fund, it is not used to help pay bills, buy a car etc.

When making donations please include the name of the deceased guardsman that you wish to honor, along with the address of the deceased next of kin (if known). The family of the deceased guardsman will be notified of any donations received.

Please make checks payable to MeNG Foundation Fund.

Dept. of Def., Veterans and Emerg Mgmt  
ATTN: SFC Barbara Claudel  
Family Support Coordinator  
33 State House Station  
Augusta, Maine 04333-0033

POC for the fund is SFC Barbara Claudel 1 800 581-9989, or  
e-mail barbara.claudel@me.ngb.army.mil

Please help this fund grow by your generous donations at appropriate times.

Al White Chairman MeARNG Retiree Council

## **MAY THEY NEVER BE FORGOTTEN 11 SEPTEMBER 2001**



*This is an ice sculpture made by a lady in Timmins, Ontario for their winter carnival this year. She won!*

*(It displays a Fireman sitting down with his head pointed to the ground, holding an American Flag. An angel rests on his shoulder.)*

### **Truly one of the all-time best quotes:**

In an interview, General Norman Schwarzkopf was asked whether there was any room for forgiveness toward the people who have harbored and abetted the terrorists who perpetrated the Sept-11 attacks on America.

His answer was classic.

*Schwarzkopf said, "I believe that forgiving them is God's function. Our job is simply to arrange the meeting."*

## **\*\*MISCELLANEOUS\*\***

### ***Augusta Area Military Association Camp Keyes, Augusta, Maine***

#### ***Purpose***

*The Augusta Area Military Association is organized to foster, promote, and encourage personal contact, commingling and fellowship among its members. The Association works to establish and maintain good will within the organization and with the general public.*

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Membership

Membership into the Association is open to all members of the Maine National Guard and retired personnel of the Maine National Guard, Active Component Services and all honorably discharged veterans of either the active component or Guard/Reserve. Auxiliary Membership is open to all spouses of these individuals that are Active Members in good standing.

Accomplishments

Promoting patriotism and volunteering in our military community are just two ways that the Association serves its members. Each year, contributions are made to make life better for a variety of people and organizations. Some of these organizations are:

- Maine Military Historical Society
  - MEARNG Youth Camp
  - Maine National Guard Family Program
  - NGB Marathon - Maine Competitors
  - The Adjutant General’s Fund
  - A Battery Softball Team
  - Boys State
  - Girls State
  - HHD STARC Christmas Party
  - MEARNG Logo Competition
  - GarConDale Project Graduation
  - Maine State Select Honor Guard
  - Augusta Dare Program
  - Unit Recruiting Competition
  - Thanksgiving/Salvation Army
  - Windsor Volunteer Rescue Unit
  - NGAME
  - MEARNG Awards Program
- In addition to donations, the Association has made our facility available to host several events. They include:
- AUSA Soldier/NCO of the Year Recognition Ceremony
  - Family Program Volunteer Meetings
  - AMVETS - Minuteman Post 2001

- Retirement Ceremonies
- Flag Day
- Promotion Parties

Message from Albert J. White Jr. – Appointed Membership Chairman of the Maine Military Historical Society:

I have just been appointed membership chairman of the Maine Military Historical Society. The Society really needs to increase our membership and use the dues for needed upgrade / repair of the museum. As you know the Society runs the only pure Military Museum in Maine. It is located at Camp Keyes, Augusta, Maine. The Society is a non-profit, tax exempt both state and federal.

Please use the form below and sign up soon. Thanks!  
Albert J. White Jr.

APPLICATION FOR SOCIETY MEMBERSHIP

I wish to be enrolled as a member of the Society in the category of Annual or Life Member as indicated below:

<input type="checkbox"/> Individual-----	\$10.00	<input type="checkbox"/> Lifetime-----	
\$200.00			
<input type="checkbox"/> Senior-----	\$8.00	<input type="checkbox"/> charter lifetime--	\$500.00
<input type="checkbox"/> Student-----	\$8.00	<input type="checkbox"/> New Member	
<input type="checkbox"/> Family-----	\$15.00	<input type="checkbox"/> Renewal	

NAME:-----

STREET:\_\_\_\_\_

CITY:\_\_\_\_\_STATE:\_\_\_\_\_

ZIP:\_\_\_\_\_

TITLE WHICH YOU PREFER: ☐ MR. ☐ MRS. ☐ MISS ☐ MS

MILITARY RANK:\_\_\_\_\_

Please forward application and check payable to MMHS to:  
Maine Military Historical Society  
ATT: Treasurer (CPT DRUMMOND)  
Camp Keyes Augusta, Maine 04333-0033

## RETIREE NEWSLETTER

### **\*\*UPCOMING EVENTS\*\***

#### **Retiree Council Meeting Dates for 2002:**

The Council meets on Tuesdays at 0900 in the TAG conference room, Camp Keyes, Augusta. Any retiree or non-retiree is welcome to attend. Satellite teleconferencing is now available to the areas in Bangor, Aroostook County and soon to be Portland. This will eliminate travel and time for those interested in attending the council meetings.

FEBRUARY 12, 2002	AUGUST 13, 2002
APRIL 9, 2002	OCTOBER 8, 2002
JUNE 11, 2002	DECEMBER 10, 2002

#### **Maine Army Retiree Council Meetings – Calendar Year 2002:**

*(Not to be confused with the MEARNG Retiree Council. This council is for all branches of service in Maine).*

The Maine Army Retiree Council conducts meetings, at various times, which imparts information of interest to all military retirees. Retirees of all military services, and their spouses, are invited and encouraged to attend. Scheduled meetings for 2002 as follows:

- 12 Apr 2002, 1930 hours, Air National Guard Base, Bangor, Maine
- 14 Jun 2002, 1930 hours, Post 31, American Legion, Washington St., Auburn, Maine
- 15 Aug 2002, 1930 hours, Maine Veterans Home, U.S. Route #1, Scarborough, Maine
- 17 Oct 2002, 1930 hours, Post #40, American Legion Home, Winthrop, Maine

Additional information relative to these meetings, or other matters pertaining to Military Retirees, please contact either of the following persons:

CSM Estol R. “Mac” McClintock, USA (Ret), (207) 683-6121 or CSM Edward L. Davis, AUS (Ret) (207) 287-5222

#### **2<sup>nd</sup> Annual Reunion 286<sup>th</sup> Supply & Service Bn**

To former and present members (and guest) serving between 1968 (year of conception) to the present.

- Date: 27 July 2002
- Raindate: 28 July 2002
- Time: 1 p.m. (1300) – 6 p.m. (1800)
- Location: Augusta Area Military Association Club  
Camp Keyes, Augusta, Maine Vet. Serv.
- Air Conditioned
- Cost: \$10.00 per person
- BBQ Chicken, Hamburgers, Hotdogs, Salads with all the fixings.

- Activities: Horseshoes
- Cash Bar
- POC: Jim Laflin (207) 624-3547  
e-mail [james.laflin@state.me.us](mailto:james.laflin@state.me.us)  
Dean Soule (207) 626-4380  
e-mail [dean.soule@me.ngb.army.mil](mailto:dean.soule@me.ngb.army.mil)  
Augusta Military Association Club  
(207) 626-0972

#### **Northern New England Military Retiree Activity Day 2002:**

All military retirees and dependents are cordially invited to the fifth Northern New England Military Retiree Activity Day on Saturday, 24 August 2002 from 0900-1400 at the Portsmouth Naval Shipyard.

The purpose of this event is to provide information on benefits and services available to military retirees from all Branches of the Armed Forces and Uniformed Services, their spouses, widows and dependents, “Gray area” retirees (those under age 60) and active duty/reserve personnel approaching retirement are especially invited. Information on the following topics will be available:

- Legal Assistance
- Health Care
- Survivor Benefits
- Recreational Facilities
- Commissaries
- Exchanges
- Veterans Administration
- Veteran’s Cemeteries
- Veteran’s Homes
- DEER/ID Card Renewals

The program schedule will be:

- Registration 0800-0900
- Opening Ceremony 0900-0945
- Stations & displays Open 0945-1400

The Portsmouth Commissary and Navy Exchange will be open for business that day and will be offering Specials-of-the-Day. The Shipyard Museum will be open for tours. Coffee and pastries will be available during registration and a low cost lunch under a tent will be offered, staffed by sailors serving in the area.

Positive ID checks are required to access the Shipyard so be sure to bring your military ID card. The shipyard is located on an island, access can be gained through either gate one or gate two. Directions to Gate two are as follows:

- (A) From the North, take 95 South to 236. Follow 236 South through the rotary onto Rogers Road (still 236) until the intersection of 236/103 shortly after passing the



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OSCO store on your right. Continue straight ahead which is 103. Gate 2 is on your right about 100 yards away.

- (B) From the South, follow 95 North over the high level bridge into Maine. Take exit 2 (236); follow 236 South as described in (A) above.

The sponsor of this year's event is Portsmouth Naval Shipyard in cooperation with: Hanscom Air Force Base, Brunswick Naval Air Station, Fort Drum and the National Guard and Army Retiree Councils from Maine, New Hampshire and Vermont.

For more information contact MG Homer Johnson, USAR (Ret) at (603) 964-5943 or e-mail at: [HomerNH@MSN.com](mailto:HomerNH@MSN.com)

### **Maine Military Historical Society Annual Meeting:**

The annual meeting of the Maine Military Historical Society is scheduled for Saturday evening on 26 October 2002. Please reserve this date for a great evening. The Society plans to honor all services ex-pow. The meeting/banquet will be held in the Augusta Armory.

More information will follow at a later date.

Request home address of any ex-pow that you know. We plan on sending a special invitation to each person.

Thanks!

Albert J. White Jr. COL (Ret)  
Member Board of Directors

### **\*\*FOR YOUR INFORMATION\*\***

**Military Lodging:** Active duty and military retirees can check on the availability of billeting at military facilities anywhere in the world through one toll-free call. The toll-free number (800) 462-7691 connects callers with a central reservation system that can provide information on availability's and book rooms. Navy Lodge guests can reserve rooms by logging onto EXCOM's Website [www.navy-nex.com](http://www.navy-nex.com). Guests can reserve a room or change, cancel, or confirm a reservation by accessing the Navy Lodge online registration link on the Website. The request is sent to the Navy Lodge Program's Central Reservation Center (CRC) in Jacksonville, Fla., for processing. Guests should receive an e-mail confirmation on any change made within 24 hours. If no confirmation number is given, guests can call the CRC at 1-800-NAVY-INN. Internet reservations cannot be made, changed, or canceled later than two days prior to the arrival date. For more information, visit <http://www.navy-nex.com/>

or telephone 1-800-NAVY-INN and speak with the customer service representative.

Personnel can also check on the availability of billeting and make reservations at Air Force facilities worldwide at (800) 235-6343. A military Bed & Breakfast Club is available for a fee at (703) 525-3372 or [retrveille@aol.com](mailto:retrveille@aol.com) [refer to Bulletin article]. The Armed Forces Vacation Club Space "A" rental program allows retirees for a fee to stay seven nights at condominium resorts worldwide. Call [800] 724-9988 or check out [www.offdutytravel.com](http://www.offdutytravel.com) [refer to Bulletin article].

### **Military Resort Hotels To Expand:**

The Army is adding 229 rooms to its "Shades of Green" hotel at Walt Disney World Resort in Florida and building a new 330-room hotel in Garmisch, at the foot of the Bavarian Alps. The projects will be funded through nonappropriated funds generated by the four Armed Forces Recreation Centers.

(The two other AFRCs are the Dragon Hill Lodge in Yongsan, Korea, and the Hale Koa Hotel in Honolulu.) The new hotel in Garmisch will replace four older hotels currently operating in Chiemsee and Garmisch. Meanwhile, the Air Force has opened a new hotel for service members in Keystone, Colo. "Rocky Mountain Blue," a 1,749-acre facility with 22 ski lifts, is a partnership between the Air Force and Keystone Resorts, Defense officials said.

### **SHADES OF GREEN TO CLOSE TEMPORARILY:**

On April 1, the Shades of Green hotel at Walt Disney World Resort in Orlando, Fla., will close for 18 months. The shutdown will allow construction of 299 more rooms at the 287-room Armed Forces Recreation Center hotel. During the closure, service members and families eligible for Shades of Green will receive the same room rates at other Disney hotels, said an official. However, they will have to pay an additional 11 percent in state and local room taxes.

Meanwhile, four hotels in Garmisch, Germany and in Chiemsee will not be closed during construction of a new 330-room hotel in Garmisch, he said. The AFRCs are open to military active-duty members, reservists, retirees, and their families, as well as Defense Department civilian workers and their families. Room rates are determined by pay grade.

**Space "A" Travel Update:** Air Mobility Command [AMC] is still operating passenger flights for military and other eligible travelers. There are fewer flights and a few changes that passengers need to remember when they are planning to use military aircraft or contract aircraft for either official or space-available travel.

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AMC operated missions are now under tighter security restrictions because of the recent terrorist attacks. There is now enhanced passenger processing measures. Under the new procedures, all passengers must present two forms of ID when checking in for a flight. One of these must have the

passenger's photo. Any sharp edged objects, regardless of length, must be placed in checked baggage where they will be inaccessible to the passenger. All hand-carried items are subject to 100% inspection. Checked bags will also be randomly inspected for all AMC missions. You should anticipate a slowdown in processing and it is recommended that you call the AMC terminal to keep current on flight status to allow you to arrive up to three hours prior to takeoff. Passengers leaving on Space-A flight from military terminals should stay aware of current force protection conditions which may cause delays in accessing military installation.

There have been no reductions in Patriot Express flights to the Atlantic or Pacific theaters from AMC gateways at commercial terminals. However, travelers should be aware there are additional precautions at those airports, and should plan their arrival time accordingly. [Source: AMC News Service]

### **HERE ARE SOME WEBSITES WITH INFORMATION ON MILITARY TRAVELING**

*CHECK TO SEE IF AAFES SELLS THEIR CATOLOGE AND BUY FROM THEM. (Some are selling stuff, but if you are a good navigator you'll get to the free info)*

<http://www.militaryliving.com>

<http://www.afvclub.com/>

<http://www.geocities.com/thetropics/1510/>

*Related Phone #s For Lodging:*

1-800-685-0203

1-800-GOARMY1

### **HERE IS THE NUMBERS OF MAINE FLIGHT AVAILABLE SCHEDULES:**

Automated #

BANGOR: 990-7018

BRUNSWICK: 921-2689

### **National Park Passports:**

The government has established the Golden Access, Golden Age, and Golden Eagle Passports that cover fees at Federal government maintained areas that charge entrance fees. This is very convenient when traveling to several areas that charge an entrance fee. They are not the same as user fees. User fees may be charged in addition to an entrance fee in some areas. User fees pertain to use of specialized outdoor recreation

sites, equipment, services, and facilities including visitor centers, picnic tables, boat launching facilities, parking and campgrounds.

The Golden Age and Access passports also provide a 50% discount on most user fees. The Golden Eagle provides no user fee benefits. The passports are non-transferable. In some cases where user fees are charged, only the permit holder will be given the 50 percent reduction, for example, cave tours, or elevator services. Passports do not cover fees for use of privately owned facilities.

Golden Access Passport - is a free lifetime entrance pass to those federally-operated parks, monuments, historic sites, recreation areas and national wildlife refuges administered by the federal government which charges entrances fees. It is issued to citizens or permanent residents of the United States who have been medically determined to be blind or permanently disabled and as a result, are eligible to receive benefits under federal law. It also provides a 50 percent discount on federal use fees charged for facilities and services such as camping, boat launching, parking, and so on. The Golden Access Passport admits the permit holder and any accompanying passengers in a single party, private, noncommercial vehicle. Where entry is not by private car, the passport admits the permit holder, spouse and children.

A Golden Access Passport must be obtained in person. They are not available by mail. You must show proof of being medically determined to be blind or permanently disabled and therefore eligible for receiving benefits under federal law. Applicants for Golden Access Passports will be required to show proof of eligibility (EX. Veterans Card, Letter from a Federal agency, Medicaid Card, Social Security Notice, etc.). The Social Security Notice is the preferred document to proof eligibility. The Golden Access Passport is available at most federally operated recreation areas where it may be used. Thus, it is not necessary to obtain a passport before beginning a vacation trip.

Golden Age Passport - a lifetime entrance pass to those national parks, monuments, historic sites, recreation areas and national wildlife refuges administered by the federal government which charge entrance fees. It is issued to citizens or permanent residents of the United States who are 62 or older. The Passport admits the permit holder and any accompanying passengers in a single party, private, noncommercial vehicle. Where entry is not by private car, the passport admits the permit holder, spouse and children. The Golden Age Passport also provides a 50 percent discount on federal use fees charged for facilities and services such as camping, boat launching, parking, and so on.

A Golden Age Passport must be obtained in person. They are not available by mail. You must show proof of age in order to get a Golden Age Passport. This may be a state driver's license showing your birth date, a birth certificate, or similar document. There is a \$10.00 fee for the card and if it is lost or

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stolen, another can be purchased for \$10.00. The Golden Age Passport is available at most federally operated recreation areas where it may be used. Thus, it is not necessary to obtain a passport before beginning a vacation trip.

Golden Eagle Passport - is an annual entrance pass to federal lands including national parks, refuges, recreation areas, historic sites, and monuments that charge entrance fees. Its cost is \$65. These areas are managed by the Park Service, U.S. Fish and Wildlife Service, Bureau of Land Management and U.S. Forest Service. Golden Eagle Passes are accepted at these federally managed areas. The U.S. Army Corps of Engineers has no entrance fees on lands under its management. The Golden Eagle admits the pass holder and any accompanying passengers in a private vehicle. Where entry is not by private vehicle, the passport admits the pass holder, spouse, children, and parents. The Passport is valid for a 12-month period starting with the date of purchase and ending the last day of the purchase month one year later. The Golden Eagle Passport does not cover or reduce use fees, such as fees for camping, hiking, swimming, parking, boat launching, or cave tours. It is valid for entrance fees only.

You can purchase a Golden Eagle Passport from National Forest and National Park Offices or by mail. To purchase by mail send a \$65 check or money order to either: Recreation Solutions, USDA - Forest Service, Customer Care Center, PO Box 587, Camino, CA 95709 or National Park Service, 1100 Ohio Drive, SW, Room 138, Washington, DC 20242 Attn: Golden Eagle Passport. Phone purchases with a credit card may be made by calling (530) 647-5390.

[Source: [www.fs.fed.us/recreation/recinfo/passports.shtml](http://www.fs.fed.us/recreation/recinfo/passports.shtml)]

### **CRITICS SAY COMMISSARY SERVICES COULD DECREASE:**

A proposed 12 percent slash in the Defense Commissary Agency budget would cut more than 2,600 jobs by the end of September.

This would include meat and produce managers, cashiers and shelf stockers. According to sources, 1,000 of these positions are already vacant because officials anticipated funding reductions, and the vacancies are straining the ability of some commissaries to handle the workload. DeCA says it is simply streamlining its operations, but critics say it will produce emptier shelves and longer lines.

Joe Barnes, a committee co-chairman of the 31-member Military Coalition warned that there is serious concern about maintaining the benefit.

### **SIX COMMISSARIES TO CLOSE:**

Defense officials have announced that six small commissary stores will close, most of them by June 1. The closings were

approved by service and DoD officials, said a Defense Commissary Agency spokeswoman.

Affected are:

- Point Mugu Naval Air Station, Calif.
- Winter Harbor Naval Security Group Activity, Maine
- Defense Dist. Ctr. New Cumberland Army Depot, Pa.
- Fort Shafter, Hawaii
- Presidio of San Francisco
- Costanzo, Italy.

### **GOOD COMMUNICATION BETWEEN PHYSICIANS AND PATIENTS:**

*By Maj. Gen. Leonard M. Randolph Jr.  
Deputy Executive Director  
TRICARE Management Activity*

One of the greatest barriers to communications between physicians and patients is time. No one seems to have enough of it, these days. However, there are things you can do to enhance communications and make the most of the time you spend in your doctor's office.

Listen to your body. Take time to make a self-assessment, and before your appointment, consider writing a diary of the symptoms. Focus on descriptive terms for your symptoms, such as intense, dull, pulsating. Try to relate the symptoms to your activities, time of day and how they compare to other past experiences. Many clinicians find it helpful when a patient can relate a "pattern of experiences".

Try not to feel embarrassed. Clinicians are highly trained professionals, and must keep patient information confidential. Since there is usually a pattern of symptoms relating to an illness, the clinician often has an insight into how the illness occurred. They may even expect to hear the patient state a potentially embarrassing phrase in order to make a diagnosis. Failure to tell all of your concerns (embarrassing, or not) to your clinician can result in a missed diagnosis with poor outcomes.

In the military community, fear of reprisals for having a mental or sexual health problem may be a concern for the patient. A patient's illness can affect the unit's military readiness, and possibly the patient's career. Fortunately, military clinicians have the same sacred patient relationship as civilian providers, and keep patient confidentiality as their first priority. Not receiving proper treatment may cause more harm to a unit's medical readiness, and negatively affect the patient's long-term health.

The clinic staff may ask (multiple times) why you are here to see the doctor. This question helps make sure that all the proper equipment is available in the exam room. If you only

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wish to speak to the clinician, just answer that you have several symptoms and are not sure of the problem.

Bring a list. Always keep a card in your wallet with a list of your allergies and current medications in case of an emergency. Double-checking your prescription list with your clinician is always important. A list of questions or concerns is usually helpful during your visit. As a patient, you may feel rushed, or your train-of-thought may be interrupted. Relying only on memory for symptoms or concerns from the past weeks or months may not be as accurate as a list, and it can help to check with family members about your family history.

The use of a list can also be helpful when talking to a different physician.

Communicating consistent information will keep everyone current on your health care.

Tell the clinician all the medications and supplements that you are taking. There are many supplements on the market that claim to improve health. Vitamins, herbs, over-the counter medications, diet pills, etc., can interact with your prescription, and may even be the cause of your symptoms. For example, simple nose spray can raise the blood pressure, while high dose vitamin K can affect one's blood-thinning prescription. Checking with your pharmacist is also very important when taking supplements.

Don't believe everything you read. The internet is a fascinating tool for information (good and bad). Anyone can write articles for the internet, and they do not require any proof for their claims. Bringing in articles from any source to the physician's office can help aid in discussion. However, if the clinician seems cautious, please understand that they may not trust the source of information or may have more insight into your particular case.

Give yourself time to heal and stay healthy. The best physician plan in the world will not work if the patient is too busy to comply. Taking time off for the rest prescribed can be difficult for "indispensable people;" ask for additional assistance whenever you can. Timers for medications are not only for the elderly, they can help anyone taking medications. Scheduling time for lifestyle changes is just as important. Any change takes time, especially if it involves exercise. An exercise prescription may be the best treatment the patient ever takes.

Keep the plan simple. The physician may discuss or handout a lot of information. Ask questions of the physician in order to clarify the instructions. Request a telephone consult or schedule a follow-up appointment sooner, if you have questions or concerns.

Good communication is critical to a good relationship with your clinician, and helps make you a true partner in determining which treatments you might need, and how to maintain your good health.

### **COLORECTAL CANCER DETECTION:**

Colorectal cancer (cancer of the colon or rectum) is the second leading cancer killer in the United States after lung cancer. An estimated 148,300 new cases and 56,600 deaths from colorectal cancer are expected in 2002. More than one-third of colorectal cancer deaths could be avoided if people over 50 had regular screening tests.

Screening tests can help prevent colorectal cancer by finding pre-cancerous polyps so they can be removed before they turn into cancer. Most colorectal cancers begin as polyps. Polyps are growths on the inner wall of the colon or rectum. People who have polyps or colorectal cancer do not always have symptoms, especially at first. Screening tests are important because they can find colorectal cancer early, when treatment works best. When colorectal cancer is detected in the earliest stage of the disease (Stage 1), the survival rate is 96 percent.

The risk of developing colorectal cancer increases with age. In fact, 92% occur in people 50 and older. Both sexes may develop this cancer.

People with Medicare Part B coverage who are age 50 or older are eligible for colorectal cancer screenings. However, in the case of colonoscopy, there is no age limit. Several different screening tests can be used to test for polyps or colorectal cancer. Each can be used alone. Sometimes they are used in combination with each other. The following screening tests are covered by Medicare:

1. Fecal Occult Blood Test (FOBT) or Stool Test - Covered once per year. You pay no coinsurance and no Part B deductible. A test you do at home using a test kit you get from your health care provider. You put stool samples on test cards, then return the cards to the doctor or a lab. This test checks for occult (hidden) blood in the stool.
2. Flexible Sigmoidoscopy (Flex Sig) - Covered once every 4 years. You pay 20 percent of the Medicare approved amount after the yearly Part B deductible. A test in which the doctor puts a short, thin, flexible, lighted tube into your rectum. The doctor checks for polyps or cancer in the rectum and lower third of the colon. Sometimes a flexible sigmoidoscopy is used in combination with a Fecal Occult Blood Test (FOBT).
3. Colonoscopy High Risk Individuals - If you are at high risk for colorectal cancer, Medicare covers a colonoscopy or a barium enema every 2 years. You pay 20 percent of the Medicare approved amount after the yearly Part B deductible. Your risk for colorectal cancer may be higher than average if you or a close relative had colorectal polyps or cancer, or if you have inflammatory bowel disease.
4. Average Risk Individuals - If you are at average risk (i.e., not at high risk) for colorectal cancer, Medicare will cover a colonoscopy every 10 years. You pay 20 percent of the Medicare approved amount after the yearly Part B deductible. However, if you are at average risk and have had a covered flexible sigmoidoscopy, you must wait 4 years to be eligible



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for Medicare coverage of a colonoscopy. This test is similar to a flexible sigmoidoscopy, except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer in the rectum and the entire colon. During the test, the doctor can find and remove most polyps and some cancers.

5. Double Contrast Barium Enema - This test can substitute for a flexible sigmoidoscopy or for a colonoscopy. You pay 20 percent of the Medicare approved amount after the yearly Part B deductible. A test in which you are given an enema with a liquid called barium. The doctor takes x-rays of your colon.

The barium allows the doctor to see the outline of your colon, to check for polyps or other abnormalities.

[Source: MEDICARE web site at  
<http://www.medicare.gov/Health/ColonCancer.asp>

### **HERE IS SOME USEFUL INFORMATION ABOUT PROSTATE CANCER:**

Most men who have prostate cancer will never know it. The cancer is slow growing, and they will die of other diseases before it has caused any symptoms.

Even so, prostate cancer is the second leading cause of cancer death in men in the United States.

When detected early, before it has spread into the bones and other body tissues, prostate cancer is generally curable, and survival rates are good.

Symptoms of prostate cancer include:

- Decreased strength of the urine stream.
- Difficulty getting urine started or completely stopped (dribbling).
- Frequent and painful urination.
- Hip or lower back pain.
- Blood or pus in the urine.
- The most important risk factor for prostate cancer is family history. Other risk factors include smoking, a high-fat diet and being African-American.

Health professionals disagree about the best schedule for regular digital rectal exams and prostate-specific antigen blood tests. Used together, these two tests help detect prostate cancer early.

Many doctors feel regular testing should begin at age 50. Men who are at high risk may need more frequent exams.

Learn all you can about the choices for treating prostate cancer. Sometimes, a watchful-waiting approach is best,

especially if the cancer is in an early stage and is not causing symptoms.

When to call a health professional:

- If any of the above symptoms last longer than two weeks.
- To discuss a schedule of digital rectal exams or prostate-specific antigen blood tests with your doctor.

### **VA MASTECTOMY COMPENSATION:**

The Department of Veterans Affairs has issued a final regulation that awards special monthly compensation to women veterans with service-related loss of one or both breasts. Such losses may include simple, modified or radical mastectomies. Federal law provides a special monthly benefit of \$80 for certain service-related disabilities suffered by veterans, which now can include mastectomies. The special benefit is paid in addition to VA's regular disability compensation. To qualify, recipients must have their conditions officially recognized by VA as being "service-connected."

### **SILENT DISEASE' PLAGUES MILLIONS:**

It is a painless, chronic disease that currently plagues about 3 million Americans. Half of those with this disease, which has no known cure, do not even know they have it.

This disease, *glaucoma*, is also known as the "silent disease" since it slowly deprives a person of sight without any noticeable signs.

Glaucoma is the second leading cause of blindness in the United States and the leading cause of preventable blindness.

Glaucoma is a group of diseases that limit or eliminate vision by causing damage to the optic nerve. This nerve carries images from the eye to the brain. The most common form of glaucoma is primary open angle glaucoma.

With this disorder, the eye's drainage canals become clogged and cannot properly drain. As a result, the intraocular pressure within the eye rises. A person suffering from this form of glaucoma will eventually lose their eyesight if the problem is not diagnosed or detected.

Keeping the optic nerve nourished with a healthy blood supply can be accomplished through regular exercise along with eating a well-balanced diet or taking multivitamins.

Glaucoma does not initially affect a person's color or fine vision. People with 20/20 or even 20/15 vision could still have glaucoma.

People over 40 and those with a family history of glaucoma are highly recommended that they have glaucoma exams more often than others. A screening for glaucoma should be done

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every year. For people not at a high risk should have an eye exam every two to three years.

If a medical screening detects glaucoma, patients are given eye drops or referred for more specialized treatment.

Eye drops are used for patients with mild cases of glaucoma. The drops work to decrease a person's intraocular pressure low enough to prevent damage to the eye.

### **EYE EXAMS/GLASSES (UPDATE):**

Tricare Standard and Medicare for non-active duty and dependents does not cover routine eye exams and most eyeglasses. However, care not considered routine is covered. Under the Clinical Preventive Services of Tricare Prime a comprehensive eye exam is allowed every two years without a co-pay for all Prime enrollees ages 3 to 64. Medicare and Tricare will pick up their share of the bill if a patient has a disease impacting on the eyes. Glaucoma, cataracts, torn retinas, the variety of eye disorders related to diabetics, etc. would apply. If you report to your doctor or ophthalmologist that you are having a problem with your eyes and that you are not there for a routine or annual exam you/they should be able to submit the claim. It is advisable that you first check with the doctor/nurse to see if the exam qualifies for Medicare/Tricare reimbursement. If they indicate it will not, call your Medicare office or Regional Tricare contractor and ask why not. Inconsistent interpretations by providers and payers of claims regarding the regulations do occur. If the claim is filed and is not honored you can request a review.

If you are rated 10% disabled or more by the VA you can get one pair of free prescription glasses a year from the VA even if the eye glasses are not for a service connected disability. This does not apply overseas. If you are a 100% disabled veteran who lives more than 100 miles from the nearest VA medical care facility in the states you may be eligible for local eye care through their Fee Basis Care program. Check with them to see if you can apply for a fee basis card to meet your dental, eye care, eyeglass needs up to a specified amount paid for by the VA to local participating providers.

If you are a retiree check out your local military treatment facility MTF if given a new prescription in the course of your visit. They will fill optical prescriptions for retirees, subject to local capacity and funding.

Retirees can now obtain eyeglasses from DoD by mail without an examination by a military optometrist. Have your civilian optometrist complete and sign DD Form 771 and mail to NOSTRA/NWS, PO Box 350, Yorktown VA 23691-0250.

This form can be obtained from your local RAO or downloaded in PDF fillable format at <http://web1.whs.osd.mil/icdhome/FORMS.htm>. Glasses

provided will be standard brown frame and are only authorized for the retiree, not dependents.

### **VA PRESCRIPTION DRUGS OBTAINMENT:**

In order to receive prescription drugs, all veterans must be enrolled in the VA Health Care system. Before drugs can be prescribed through the VA, it is necessary to be seen by a VA primary care provider (physician or nurse practitioner). Upon completion of a physical examination, a review of your medical history, and agreement that the prescription drugs are needed, a prescription will be written. Based on your medical condition and the drugs prescribed, you may require follow-up medical visits.

When you come for your first VA appointment, remember to bring your prescription drugs with you and a copy of your medical records from your doctor. Be sure to explain to the physician or nurse practitioner that you want to receive your prescription drugs through the VA Health Care System.

If you want the prescription drugs sent to your home, advise the doctor or nurse of this. The VA has a mail-out pharmacy and most prescription drugs can be sent directly to your mailing address. It is your responsibility to keep track of how many refills remain on a prescription and whether you have a 30-day supply or 90-day supply.

The VA pharmacy provides a Refill Requisition and Mailing Label with each prescription you receive. To reorder your medication through the mail, place the requisition in an envelope, place the mailing label on the envelope and place an appropriate postage stamp on the envelope. Mail in your refill request at least 14 days before your medication is due to run out. If you should forget the deadline, you may call the VA pharmacy and request a refill. If you are using your last refill, be sure to contact your VA physician or nurse practitioner to request a prescription renewal. Based on the type of prescription drug and your reaction to it, the doctor or nurse practitioner may request that you come in for a brief visit.

### **ARMED FORCES RETIREMENT HOME FEES:**

Fees for the AFRH were reduced by a provision in the 2002 National Defense Authorization Act. The new fee structure is: 35 percent of all income for independent living, to a maximum of \$1,000 per month (a change from 40 percent and maximum of \$1,500); assisted living is 40 percent of all income, to a maximum of \$1,500; and skilled, long term care is 65 percent to a maximum of \$2,500. Additionally, residents at the Gulfport, Miss., location will benefit from a temporary reduction in fees -- \$800 maximum for independent living, and \$1,300 for assisted living, until renovated quarters are available in December 2006.

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Both locations, Washington DC and Gulfport, Miss., have vacancies.

- For information on the Gulfport location, call toll free 1 (800) 332-3527 or write to them at 1800 Beach Dr., Gulfport MS 39507.
- The Washington DC location can be reached at 1 (800)422-9988, or 3700 N. Capitol St NW, Washington DC 20317.

[Source: Retired Digest 8 FEB 02]

### **VETERANS' BURIAL BENEFITS INCREASED:**

The Veterans Education and Benefits Expansion Act of 2001 increases, from \$1,500 to \$2,000, the burial and funeral expense allowance for veterans who die as a result of a service-connected disability. The act also raises the cemetery plot allowance for certain other disabled veterans from \$150 to \$300. (The plot allowance is paid when a veteran who is buried in a non-government cemetery was either: eligible to receive VA disability compensation or a VA pension; or was discharged from military service due to disability; or died in a VA hospital. The law also directs the VA to honor requests for government markers for veterans buried in private cemeteries even if their graves have headstones or markers furnished at private expense. Previous law prevented the VA from providing markers in that situation. The new provision for markers applies to veterans' deaths on or after Dec. 27, 2001.

### **NEW BENEFITS FOR FUNERAL DETAILS:**

The fiscal 2002 defense authorization act established benefits for many who take part in military funeral honors. For example reservists and National Guard members now rate inactive-duty training (weekend drill status) for honor-guard duty, including travel time to and from the ceremony. Also, Guard and reserve members will be eligible for health care and disability compensation for service-connected injuries that occur during funeral duty. Further, family members of those killed on funeral duty would be eligible for a death gratuity as well as for commissary and exchange benefits. In addition, federal workers who perform funeral honors can claim their time away from the job as a military absence, the same as they do for weekend drills. Also, military retiree volunteers may receive a \$50 allowance. Finally, the services may buy clothing "appropriate as a civilian uniform for persons participating in a funeral-honors detail."

### **VA CHIROPRACTOR PLAN HITS OBSTACLES:**

The House has approved a plan to allow chiropractors to

serve as primary-care physicians in the Department of Veterans Affairs, but some veterans groups have reservations. For example, although chiropractors might be needed to treat neuromuscular skeletal disorders, letting them serve as primary-care providers might force veterans with complex medical needs to make additional appointments with other providers. Also, chiropractors would have to refer VA patients who need drugs to a doctor who can prescribe drugs. Furthermore, the move could place chiropractors in the position of making medical decisions involving the possibility of malpractice claims against the government, these groups suggest.

### **VA STUDY CASTS DOUBT ON PENTAGON ASSESSMENT OF SOLDIERS EXPOSED TO NERVE GAS IN IRAQ, VETERANS SAY:**

The Associated Press reports veterans groups claim that a new VA analysis of death rates among Gulf War soldiers exposed to deadly gases from an Iraqi chemical weapons depot has cast doubt on the Pentagon's determination of which soldiers were exposed. The Pentagon has said about 100,000 soldiers were exposed to toxic gases at the Khamisiyah chemical weapons facility. It has said the level of exposure was not hazardous, but has revised which soldiers were involved. A group of 34,000 the Pentagon initially thought were exposed were removed from the exposure list following a new analysis of the vapor cloud and were replaced with another group the same size. The VA study found the death rate among the group that was removed was nearly 10 times higher than that among the other soldiers.

The study included data on deaths and VA benefits applications but no commentary on the numbers. It did not differentiate how the veterans died, or whether any deaths or claims were attributable to exposure to nerve gases. The analysis did say 3,689 of 42,167 claims processed were for undiagnosed illnesses. VA statisticians have briefed veterans groups on the report but offered no explanations for the disparity in death rates, according to Patrick Eddington, associate director of government relations for Vietnam Veterans of America. Last December, a Pentagon-supported report by the Rand's National Defense Research Institute raised the possibility some undiagnosed illnesses could be explained by exposure to low levels of Iraqi nerve gas. The report called for more research into the long-term health effects of exposure such as that experienced by American soldiers at Khamisiyah, where weapons caches were destroyed March 4 and 10, 1991. It was discovered later that the depot and a nearby pit contained hundreds of weapons filled with lethal sarin, cyclosarin and mustard gases.

*The 286<sup>th</sup> S&S Bn. that was deployed to Desert Storm in 1990 and later returning in May of 1991 were located in the chemical plume's path.*

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### **EARLIER RESERVE RETIREMENT BEING CONSIDERED**

Rep. Jim Saxton, R-N.J., has obtained 56 co-sponsors for a bill (H.R. 3831) that would allow retired reserve component members to start receiving retirement pay at age 55 instead of 60. Sen. Jon Corzine, D-N.J., has introduced a companion bill. Passage this year is not considered likely, according to sources, but is not impossible. The legislation is an outgrowth of an on-going effort by Defense Department officials to make Reserve duty more attractive. With more than 80,000 Reserve and National Guard members mobilized since 9/11, the need is now more pressing.

### **SOME NAVY, MARINE WWII POWS DUE BACK PAY:**

Sailors and Marines who were prisoners of war during World War II are authorized to receive promotion back pay under the provisions of the fiscal 2001 defense authorization act. The pay goes to members who were selected for promotion but were not available to accept the promotion because of their internment. Dates of eligibility are between Dec. 7, 1941 and Dec. 31, 1946. Surviving spouses are also entitled to the back pay.

Applications from Navy personnel should be sent to:

Cmdr. John DeNicola  
Bureau of Naval Personnel, Retired Activities Branch --  
PERS-62  
5720 Integrity Drive  
Millington, TN 38055

Marine Corps applications should be sent to:

Maj. Jeff Sokoly  
Headquarters, U.S. Marine Corps  
2 Navy Annex, RFL-F7  
Washington, DC 20380-1775

For more information, write DeNicola or call 1-800-762-8567. Sokoly can be reached at 1-866-472-7139. Application information and forms are available at <http://www.persnet.navy.mil/pers62/WWIIPOW/WWIIPOW.html>

### **INTERESTING TOPIC ON VETERANS FROM FOX:**

**NEWS "The O'Reilly Factor – Talking Points"**  
Wednesday, February 27, 2002

**FOX NEWS**  
By Bill O'Reilly



Hi, I'm Bill O'Reilly. Thanks for watching us tonight.

This morning I received a journalism award from the Veterans of Foreign Wars in Washington. And I got to thinking about vets and human rights. And that's the subject of this evening's "Talking Points" memo.

There are close to 3 million American men and women associated with the VFW, and of course their focus is to help veterans and the current military.

But here's one interesting wrinkle. I have never heard of a human rights group lobbying on behalf of veterans. Now, I may have missed it, but I think it's fair to say that the hundreds of groups set up to look out for the rights of selected Americans are not much interested in the plight of military people.

Let's see, we have lobbying on behalf of the terror prisoners being held in Guantanamo, we have homeless groups, we have AIDS activists, and we have welfare proponents. There are groups looking out for the rights of convicts and the rights of alcoholics and drug addicts, even the rights of people like Andrea Yates, who killed her five little kids.

Now, I do not mean to demean Americans who champion the downtrodden. We need homeless advocates and people to raise money to fight diseases. We need more compassion in this country. But we also need more perspective.

Our military people in Vietnam got a bad deal all around. It was our government's fault. But where were the demonstrations protesting the government's callousness on Agent Orange, for example? Many Americans felt sorrier for the Viet Cong than they did for the draftees who came home damaged from fighting a war with no strategy.

And remember Gulf War syndrome? The feds fought that like crazy. Finally our government had to admit that thousands of vets were hurt by chemicals over in the Gulf.

But what human rights group promoted that cause? I could provide you dozens more examples of the callous treatment our military people have received, but the main point is this, human rights is a subjective concern, and seems not to pertain to Americans who serve their country.

What do you think? Will Barbara Streisand and Paul McCartney do a benefit concert for injured vets?

I was honored to be honored by the VFW. I believe all of us make decisions in our lives, and to serve your country is a decision that demands respect. In this time of patriotism, we are respecting our military more than we used to, but we still have some way to go.



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*Image this, all it took was an award for journalism to get him to speak on our behalf! Thank You VFW . . . Your efforts were fruitful!*

### **VA STARTS CLAIMS PROCESSING PILOT TEST:**

[The following article is provided courtesy of Armed Forces News <http://www.armedforcesnews.com>]

Last October a claims processing task force reported that Department of Veterans Affairs veteran services representatives working on claims had to understand and perform more than 10,000 separate tasks. All incoming claims were placed in the queue and worked when their turn came, regardless of their complexity. In response, the VA is conducting a pilot test using specialty teams. One team will separate claims that can be processed in a day or two and will route more complex claims to specialized teams, such as appeals, or award action teams. Another specialized team, a public contact team, will provide customer service to veterans who walk in, write or e-mail the office about their claim.

### **VA DISABILITY RATING CRITERIA:**

A former 30-year employee of the Veterans Administration wrote the following after his retirement. He is also a disabled vet. It addresses the lack of knowledge many applicants have about what is involved in processing their disability claims. His statements are not to be interpreted in any way as being officially sanctioned by the Department of Veterans Affairs. The information is meant for general understanding only. There are always exceptions and the law is subject to change. We hope this helps alleviate some of the anger and frustration many experience due to the seemingly endless delay in processing their claim.

When a veteran submits a claim to the VA, he/she should understand there are several prerequisites for a successful disability claim. Among them are:

1. The evidence of record must show the claimed condition was incurred in (first occurred or diagnosed) during military service. That means the medical evidence provided by the veteran and/or the service department (usually the Fed. Records Center in St. Louis) must show the claimed disability.

If the disability pre-existed service, such as a knee condition, the evidence must show that the condition became worse during military service. That is one reason it is important to insist on a discharge physical examination. It is your last chance to make certain disabilities are in your record.

REMEMBER, if the claimed disability is not shown in your service medical records it DIDN'T happen. Exceptions to this rule are conditions, which may not manifest until after military service is complete. For example PTSD. In such cases, the

veteran's service record is requested to determine if his/her service was under such conditions, that the present diagnosis can clearly be associated with military service. The fact that your drill sergeant was mean to you would not qualify.

2. Assuming service medical records show the claimed disability exists, then it must be determined how disabling the condition is at the present time. Usually the claimant is scheduled for an examination at the nearest VA Medical Center. The examining physician completes a report showing his/her diagnoses and clinical findings.

Keeping with the knee example. The doctor will check for range of motion, looseness of the joint, pain, etc. For sake of our discussion, we will assume the knee was initially injured during military service.

3. The report is sent to the Regional Office for review. The rating specialist reviews all the medical evidence, with special consideration to the examining physician's report. The rating specialist then consults a rating schedule. The diagnosis tells him/her under which disability to rate the knee. For example, chronic knee strain, torn ACL, traumatic arthritis, etc. The clinical findings will be compared to descriptions given to various percentages. The percentage, which closest agrees with the physician's findings, will be given as the evaluation of the disability.

4. If the veteran has more than one disability, each of which is considered at least 10% disabling, they will be applied to a combined rating schedule to yield a combined evaluation. The individual disabilities are not added to give a final percentage.

For example. Assume our hypothetical veteran has 3 disabilities: knee, heart, and psychological. Each disability is considered 50% disabling. The veteran is not considered 150% disabled. What happens is each % is applied to the remaining healthy person. With no disabilities the veteran is considered 100% healthy. When the knee condition is considered, the veteran is now 50% disabled and 50% healthy. The 50% evaluation of his heart is applied to the remaining healthy 50% and he/she is considered 75% disabled and 25% healthy. Since evaluations are only in even 10%, the evaluation is rounded off to 80% disabled and 20% healthy. The final 50% psychological condition is applied to the remaining 25% healthy person.

Remember the actual combined evaluation was 75%. It was just rounded to 80%.

He/she is now 88% disabled. The evaluation is rounded to 90% disabled and 10% healthy.

5. The veteran would automatically be considered for individual unemployability. The rating specialist would determine that if based on the veteran's education, skills, etc. are his/her disabilities so severe as to render him/her individually unemployable.

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If the answer is yes, he/she is paid at the 100% rate although his/her disabilities only warrant a 90% evaluation. Although the monetary benefit is the same, there is an important distinction between a combined scheduler 100% and 100% due to individual unemployability.

If the 100% are by the schedule, the veteran may, if able, hold a regular job. If the 100% are due to being unemployable, he/she may not engage in anything other than marginal employment.

The VA checks annually through the individual states for veterans, who are considered unemployable and are holding a regular job. It can become very ugly financially for the veteran, if he/she is caught. It could result in anything from a reduced evaluation, to full repayment, to jail time.

Contrary to popular belief, the mind set in the VA is to resolve all doubt in favor of the veteran. Consider, if the claimed benefit can be granted, there is a happy veteran and one less file someone must review.

### **VETERANS SEEKING MEDICAL CARE MAY BE CURTAIL:**

Department of Veterans Affairs (VA) Secretary Anthony Principi has projected that, if he does not receive an additional \$400 million in supplemental funding for VA health care programs this year, he may have to curtail enrollment of veterans seeking medical care. However, the Administration has asked Congress for only \$142 million additional for VA. Senators Susan Collins, Tim Johnson and Paul Wellstone have prepared a letter to be sent to the Senate Appropriations Committee urging the Committee to provide a minimum of \$400 million for veterans' health care in the fiscal year (FY) 2002 supplemental appropriations bill.

The DAV and the other three veterans' organizations co-authoring The Independent Budget sent a letter to all other senators urging them to join with Senators Collins, Johnson and Wellstone as signatories on their letter to the Appropriations Committee. These three senators have also invited their senate colleagues to sign the letter. To persuade senators to join in this letter and effort to get this essential supplemental funding, we now need an immediate and strong grassroots campaign by DAV and Auxiliary members. It is extremely important that you contact your Senators now to urge that they join in this letter to the Appropriations Committee.

For your convenience, you may use the prepared e-mail message at the DAV web site at [www.dav.org](http://www.dav.org) to correspond with your senators.

PLEASE DO NOT SEND LETTERS TO Senators Collins, Johnson or Wellstone!

*Joseph A. Violante*  
*National Legislative Director*

### **U.S. BASES IN ASIA USING ELECTRONIC ID CARDS:**

Stars and Stripes reports that military bases in Japan will begin issuing electronic identification cards this month to servicemembers and DoD civilians, replacing the plastic ID card now used at military installations. The "smart cards" are designed to make military buildings and computer systems more secure, the Pentagon says. Embedded in the card is a 32-kilobyte chip with a magnetic strip containing personal data such as Social Security number, address, eye color, height, weight, birth date, blood type and names of dependents. Bases in South Korea have already started to issue the card. The smart cards will be issued with new equipment, to be installed beginning on Okinawa from March 11 to 15 at Kadena Air Base and Torii Station. Yokosuka Naval Base is on tap to receive the new equipment April 22 to 26, Misawa Air Base and Camp Zama from April 29 to May 3, and beginning May 7 at Yokota. Reservists and eligible contractors will also receive a card. For the time being, the military will not issue cards to military family members and retirees. However, Total Army Personnel Command states the military eventually plans to issue the cards to dependents and retirees as well.

### **OUTFITTING THE HIGH-TECH SOLDIER:**

The American soldier of the future may resemble something out of Star Wars. Their high-tech uniforms will be fitted with everything from navigation and water purifying systems to climate control.

The combat gear under development at the Department of Defense relies on new technology to suit up future soldiers for battle in rough terrain and hostile environments, said Bill Machrone, the vice president of technology for PC magazine. It will also improve their chances of making it home alive, regardless of the conditions.



"Most of the stuff that the Army has today is to fight in open fields and forest; but we expect more warfare in bad terrain, like in the mountains or even on urban streets, and this is suited for that," Machrone told Good Morning America. "It's a great advancement in survivability."

A uniform known as the "Objective Force Warrior" may be fully developed within a decade. It is an "all-seasons" waterproof suit that adjusts to the soldier's internal body temperature, eliminating the need to change clothing. "He can actually go from Arctic cold to desert heat and back again," Machrone said.

The uniform will be reasonably lightweight -- even with its built in water purifying system. "You can actually pour dirty ground water, even sweat or urine into this system," he said. "It will purify it and rehydrate the soldier," he said. The

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computerized portion of the suit includes a tiny screen on the front of the helmet with real-time information on its flip-down display.

### **Heat Seeking Battle Garb**

Another futuristic uniform, know as the "Land Warrior," resembles a space suit and features a built-in infrared sensor wired to the soldier's weapon that detects body heat in the dark. Although the military has used body heat sensors before, said Machrone, the sensors have not been part of an integrated system.

In the past, soldiers had to rely on printed maps with information that is at least several hours old at the time they set out on a mission. But with the Land Warrior suit, each soldier can get up-to-the-minute information via a helmet-mounted Global Positioning System (GPS), a small wireless voice and data communication system, and a wearable computer linked to an intra-squad wireless LAN (local area network).

A flip-down display on the helmet allows the soldier to scan the surroundings in the darkness, using thermal and night-vision sensors connected to his weapon. This display also gives gives each soldier a view of a situation map that can pinpoint where both friends and foe are located, in real time. With that knowledge, the soldier can better figure out how to hone in on the enemy.

"If he's on a battlefield, he can call in fire, just like sending in an e-mail," Machrone said. "He'll specify the kind of attack. It's sent, it happens, and just that easily, he's in touch with his commanders."

The thermal imaging sensor on the top of the rifle allows a soldier to fire without exposing himself to enemy fire because the sensor, which detects heat, eliminates the need to actually look through the rifle's scope. It works in the dark or the daylight.

"He could be behind the wall, firing around the corner in the dark, in bad conditions," Machrone said. "His thermal scope will target, and he can fire accurately."

The suit relies on lithium batteries and carbon fiber to power the computerized equipment, and uniform designers have shaved the weight of the uniform down from 90 to about 50 pounds.

The communication portion of the gear is made in such a way that the technology behind it would be shrouded, should it fall into enemy hands.

Uniforms like this might be used in battle soon -- probably first by Special Ops forces, Machrone said. The whole system

is scheduled to go into mass production later this year.

### **Warriors of the 2025**

The next generation of warriors may be able to literally blend in with their surroundings. Scientists are studying animals to develop technology that could be used for chameleon-like battle wear that changes color depending on its surroundings.

"The technology is advanced to where the surface of suit is a chameleon," Machrone said. "If a soldier is leaning against a marble wall, the suit changes coloration to that, or if a soldier is lying on a black tarmac, it changes to that."

The uniforms of 2025 are also expected to draw on advanced biometrics technology and be able to monitor the wearer's heart rate and perspiration, then pass that information on to commanders and medics. With real-time information on their troops' physical condition, commanders should be able to improve the soldiers' chance of survival.

And if a soldier is wounded, the "smart suit" would serves as a high-tech medic, applying pressure to the wound in the proper area.

In 2025, soldiers will likely maintain their global positioning screens. Machrone predict that they will also be firing "smart weapons," with bullets that can actually direct themselves toward a target that is emanating body heat.

"They can actually steer themselves, based on a thermal target," Machrone said. "It will actually be like the cartoon bullets."

### **Eating on the Run**

Perhaps the most striking scenario for future soldiers is a development that could eliminate their need to eat or rest: the food patch. It works much like the nicotine patch used by smokers trying to quit.

"Sustenance patches applied to the body will release the necessary nutrients," Machrone said. "Not a seven-course meal, but enough to keep you going."

Soldiers would be fed, kept awake, and would be capable of surviving in even the most arduous conditions. But the patches would only be used on a temporary basis.

### **THE POCKET SANDWICH:**

According to New Scientist, the Army set about creating a meal that could survive just about anything. The pocket sandwich is built to withstand airdrops, rough handling, extreme climates and many other hardships, and will be added to MREs as soon as 2004.

## *RETIREE NEWSLETTER*

In fairness, it should be pointed out that individual components to make such a sandwich have existed in MRE fare for years. The soldiers would have had to get out all the necessary ingredients and then assemble the sandwich themselves. This alternative will be much more convenient and accessible to the modern soldier on-the-go.

In order to make the pocket sandwich a reality, the Army had to defeat some very small but determined opponents-soggy bread, mold, and bacteria. With the help of some high tech humectants (to prevent water from seeping out of the meat and fillings) and then the ability to seal them in plastic without pasteurization (along with some oxygen-scavenging chemicals), they were able to announce the beginning of a new culinary era.

The first flavors to be introduced will be pepperoni and barbecue-chicken, but others are slated to follow, including pocket pizzas, cream-filled bagels, breakfast burritos and even peanut butter sandwiches.

### **AAFES RECALLS DEHUMIDIFIERS:**

The Army and Air Force Exchange Service is voluntarily recalling about 1.4 million dehumidifiers which can overheat, posing a fire hazard. The dehumidifiers were sold under the Whirlpool, Kenmore and ComfortAire brand names. They are white plastic, about two feet high, and have a front-mounted water bucket. Serial numbers begin with QG, QH, QJ, QK or QL. The serial number is on a label on the wall behind the water bucket, or on the white tag on the box of the dehumidifiers. AAFES, along with department and appliance stores nationwide, sold the dehumidifiers from February 1997 through December 2001. Customers living in the continental United States should contact Whirlpool at (866) 640-7139 to arrange for a free repair. Overseas customers should contact Whirlpool at their Web site (above) or contact a local Whirlpool service representative. Local exchanges can assist in locating the Whirlpool service representative.

### **AAFES RECALLS MOUNTAIN BIKES, SHORTALLS**

Army and Air Force Exchange Service officials are recalling about 103,000 Mongoose and Roadmaster mountain bicycles with Ballistic 105 front suspension forks. The forks on these bicycles can break apart, causing riders to lose control, fall and suffer serious injury. The recall includes Ballistic 105 forks installed on Mongoose and Roadmaster model bicycles manufactured by Brunswick Corp. Consumers should immediately stop using these bicycles and call the firm at (800) 508-2762 to obtain information on receiving a \$65 refund for the bicycle fork, said AAFES officials. AAFES also is recalling some 11,000 infants and toddlers shortalls. The metal crossbar on the shortall strap can be easily removed

creating a small-parts hazard. Customers should immediately stop using it and return it to their nearest AAFES Exchange for a full refund.

### **PRINTERS, POWER LAWN MOWERS BEING RECALLED:**

The Army and Air Force Exchange Service has issued recalls for several models of Murray riding lawn mowers and will participate in the recall of 2.5 million power cords with Hewlett-Packard inkjet printers.

The lawn mower recall is part of a voluntary recall between the U.S. Consumer Product Safety Commission and Murray Inc., of Brentwood, Tenn. The recall involves about 89,500 rear-engine riding lawn mowers and about 6,200 mid-engine riding mowers. It affects models manufactured in Lawrenceburg or Jackson, Tenn. AAFES sold only the Model 30560x99 rear-engine mowers.

AAFES officials said the power cord is recalled because the connector can break, posing a shock hazard. The recall includes gray, two-prong cord sets with a LS-7C connector that were sold with HP DeskJet 800 and 900 series and HP Photosmart 1000, 1200 and 1300 series inkjet printers. AAFES sold models DJ842, DJ932, DJ952 and P1000. The name "Longwell" is molded on the plug between the blades. For more information on the power cords, visit the Hewlett-Packard Website at <http://www.hp.com>, or call 1-877-917-4378.

For more information on the lawn mowers, visit the Murray Website at <http://www.murray.com> or contact AAFES.

### **AAFES RECALLS ROTO ZIP POWER TOOL:**

The Army and Air Force Exchange Service (AAFES), in cooperation with the U.S. Consumer Product Safety Commission and Roto Zip Tool Corp., of Cross Plains, Wisconsin, has voluntarily recalled about 1.9 million handheld Spiral Saw power tools. There have been 360 reports of loose or separating handles on the saws, and 19 reports of injuries, including cuts requiring stitches. The recall includes Revolution, Rebel and Solaris models of the Spiral Saw power tools. The brand name and "ROTOZIP SPIRAL SAW" are written on the side of the tools. The saws are mostly black or red. The recalled saws include serial numbers: Revolution 01 through 1,145,000; Rebel 01 through 15,000; and Solaris 01 through 270,000. AAFES sold the Rebel model from last April through February.



## RETIREE NEWSLETTER

### **\*\*TRIVIA QUESTIONS\*\***

*What American sergeant lost both of his hands in combat during World War II and then went on to act in a single movie for which he won two Oscars? (Answer on next page)*

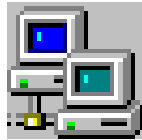
### **\*\*FEEDBACK\*\***

Let us know what you think of the newsletter. We value your opinion and will publish your comments (without name unless advised otherwise). We also solicit your thoughts on other information provided.

*Thanks to all that have given me feed back. If you would like to have something noted in the newsletter please get back to me at 626-4380 or e-mail me [Dean.Soule@me.ngb.army.mil](mailto:Dean.Soule@me.ngb.army.mil)*

### **\*\*Retiree E-Mail Addresses\*\***

Listed below are e-mail addresses of some of our retirees. This is a way of keeping in touch, providing upcoming events and news of interest between regular issues of the newsletters. If you would like to have your e-mail address included in this list, e-mail me at [Dean.Soule@me.ngb.army.mil](mailto:Dean.Soule@me.ngb.army.mil)



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RETIREE NEWSLETTER



*The intent of the Retiree Council and the Retiree Newsletter is to keep the retirees informed and maintain comradery.*

*We are now up to 1,130 members strong.*

*Dean A. Soule*

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**\*\*ANSWERS TO TRIVIA\*\***

**Harold Russell (For “The Best Years of Our Lives”)**

World War II Veteran and Actor Harold Russell, who received the Academy Award for his sensitive portrayal of a disabled veteran in "The Best Years of Our Lives," died in January of this year.



Russell died of a heart attack Tuesday at a Massachusetts nursing home. He was 88.

Russell was a real-life amputee who'd lost his hands in an accident during World War II and was fitted with hooks.

The 1946 film "The Best Years of Our Lives" won seven Academy Awards, including best picture.

Russell received two Oscars for the film: one as best supporting actor, and a second, special Oscar.

Although he rarely acted again, Russell spent his life working as an advocate for the disabled.

In 1992, Russell sold his supporting-actor Oscar, saying he needed the money to pay his wife's medical bills and other expenses.